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CONFIRMATION NO. 7603

SERIAL NUMBER 10/624,609	FILING DATE 07/23/2003  RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 3030-102
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/398,207 07/23/2002  
 and claims benefit of 60/401,972 08/07/2002  
 and claims benefit of 60/407,182 08/29/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 0	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature <i>Chen</i> Initials <i>YSC</i>				

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## TITLE

Method of treatment of non-invasive mucositis

FILING FEE  RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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